

Office of General Services Office of Business Diversity

Design and Construction

AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Business Diversity, 29th Floor, Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12242

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| CONTRACTOR'S SDVOB UTILIZATION Making false representations or including information evidencing a lack contract for cause, loss of eligibility to submit future bids, and/or withhous submit completed responses to DCSDVOB@ogs.ny.gov | of good faith as p | art of, or in conjunction with, th | Revised Plan the submission of a Utilizati ommercially useful function: | on Plan is pro s may not be o | hibited by law and may result counted toward SDVOB utilization | Contrac in penalties includin tion. | LINO | 4735 d to, termina | |
|---|--|--|---|----------------------------------|--|---|------------|---------------------------|-------------------|
| Contractor's Name, Address and Federal ID No.: KS Construction of NY Inc. | Contract Des Peekskill Ar Replacemen | - | Date Proposal Ap | Approved: Date Printed: 05/18/23 | | Bid Date: 05/17/23 | | SDVOB GOAL | |
| Federal ID No.: 202902402 | Work/Job Ord | er: | OGS Project Nur 47350C | nber: | Work Order Value: | alue: Contract Amount: 1,178,529.00 | | 6% | |
| Certified SDVOB Name, Address and Phone No. | | Description of Sub | Description of Subcontracting/Supplies | | | Dollar Va Subcontract | | | SEE BDC 328.1S |
| Kaftech, Inc. | Copin | g Stone and Masonry | tone and Masonry | | 08/01/23 | \$75,000 | | | |
| Federal ID No.: | | | | | | | | ONLY | |
| | | | | | | | | S USE O | |
| Federal ID No.: | | | | | | | | 068 | |
| | | | | | | | | FOR | |
| Federal ID No.: | | | | | | | | | |
| | | | | | | | | | |
| Federal ID No.: | | | | | | | | | |
| Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract. | | Contractor's Comme | ents: | | | | | | |
| Contractor's Signature: | | OBD: Confirm | OBD: Confirmed | | | | | | |
| Enter Name: | | | | | | | | | |
| Anamul Haque | FOR OGS USE ON | FOR OGS USE ONLY | | | | | | | |
| Title: | | Accepted Accepted as Noted Notice of Deficienc | | | | Issued | | | |
| Project Manager | | SDVOB % | \$ _ | | | | | | |
| E-Mail Address: Date: | | OGS Authorized Sig | | Enter Name: | | Date: | | | |
| am@ksconstructioninc.com 02/06/23 | | Mariam Men | hanna | Mariam Mehanna | | | 05.25.2023 | | |